MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10,567347 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER I"AMENDMENT AS FILED 2 MAMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND

TOTAL DEP

TOTAL

CLAIMS

TOTAL DEP

TOTAL

CLAIMS